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| Case Number: | CM14-0032875 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 01/27/2012 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 02/21/2014 |
| Priority: | Standard | Application Received: | 03/14/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 42-year-old female who reported injury to her right hand on 01/27/12, sustained after cumulative trauma while performing her usual and customary duties as a microbiologist. She noted swelling over the back of her right hand between the thumb and index finger. Treatment to date has included doctor visits, radiographs, medication, physical therapy, and occupational therapy. The injured worker reported physical therapy helped diminish her symptoms, while medication did not. The injured worker had been on modified duty for two to three months and she was unable to increase her pipetting (a customary job duty) as had been requested by her supervisor. The injured worker has not worked since 12/20/12.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ACUPUNCTURE FOR THE RIGHT HAND, QUANTITY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule (CAMTUS) recommends three to six acupuncture treatments as an initial trial. Additional visits may be recommended if there is documented functional improvement. Records indicate that the injured

worker has received an unspecified amount of physical therapy to date. There was no additional significant objective clinical information provided that would support the need to exceed CAMTUS guideline recommendations, either in frequency or duration of acupuncture therapy visits. Given this, the request is not indicated as medically necessary.